

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033094

FILED  
Aug 28, 2007  
Secretary of State

Entity Name: BREAKTHROUGH DEVELOPERS LLC

## Current Principal Place of Business:

4501 SW RACHEL STREET  
PORT SAINT-LUCIE, FL 34953 US

## New Principal Place of Business:

1681 SW PENROSE AVE  
PORT SAINT-LUCIE, FL 34953 US

## Current Mailing Address:

4501 SW RACHEL STREET  
PORT SAINT-LUCIE, FL 34953 US

## New Mailing Address:

1681 SW PENROSE AVE  
PORT SAINT-LUCIE, FL 34953 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OMELER, PIERRE E  
Address: 172 CENTER BRIDGE ROAD  
City-St-Zip: LANCASTER, MA 01523 US

Title: MGRM (X) Delete  
Name: OMELER, AMOS  
Address: 4501 SW RACHEL ST.  
City-St-Zip: PORT-SAINT LUCIE, FL 34953 US

Title: MGRM ( ) Delete  
Name: OMELER, NAHUM  
Address: 48 MAGUIRE STREET  
City-St-Zip: BROCKTON, MA 02302 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PIERRE OMELER

MGRM

08/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date